

EXHIBIT 1

Return Mail Address Only:
P.O. Box 571
Fort Mill, SC 29716-0571
14845470

8 17 00701739
208766

Diversified Consultants, Inc.

1-877-770-1039

Monday – Thursday 8:00AM – 9:00PM ET / 8:00AM – 9:00PM PT
Friday 8:00AM – 5:00PM ET / 8:00AM – 5:00PM PT

Office Hours:

Friday 8:00AM – 5:00PM ET / 8:00AM – 5:00PM PT

December 6, 2012

CARL WALLACE

CLIENT-NAME ▶	A G&T MOBILITY PRE -
FILE # ▶	[REDACTED]
TOTAL-PAID ▶	\$0.00
Principal Balance ▶	\$1,912.77
Collection Fees ▶	\$314.30
TOTAL ▶	\$2,257.07

PO BOX 551268 • Jacksonville, FL 32256

1-877-770-1039

This Notice is to inform you that your account with AT&T MOBILITY PRE [REDACTED] has been referred to our office for collections. Please contact our office to discuss this very important matter.

Unless you notify this office within 30 days of receiving this notice that you dispute the validity of this debt or any other portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

This is an attempt to collect a debt. Any and all information obtained will be used for that purpose. This communication is from a debt collector.

Sincerely,

Diversified Consultants, Inc.

If you feel you are or have been a victim of Theft of Identity, please call AT&T for Mobility 877-844-584.

• Detach Here •

Detach Bottom Portion and Return with Payment

* Delete Here *

CLIENT-NAME ► AT&T MOBILITY PRE - CLR 401050

CLIENT ACCT # ▶

FILE #

TOTAL-PAID ▶ \$0.00

PRINCIPAL BALANCE ▶

COLLECTION FEES ▶

TOTAL ▶

CARL WALLACE

▼ **Send all Payments and Correspondence To** ▼

CARD NUMBER	EXP. DATE
SIGNATURE	
NAME ON CARD	AMOUNT
CVV/CID (3-Digit Verification Code on Back of Card) (VISA / MC)	CVV/CID (4-Digit Verification Code on Front of Card) (American Express)

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

Diversified Consultants, Inc.
P.O. Box 551268
Jacksonville, FL 32256-1268

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208788
diversified wild

PO BOX 1391
SOUTHGATE, MI 48195-0391



Diversified Consultants, Inc.

800-771-5361

Hours of Operation:

Monday - Thursday 8:00AM - 9:00PM ET /

8:00AM - 9:00PM PT

Friday 8:00AM - 5:00PM ET /

8:00AM - 5:00PM PT

January 29, 2013

DCI\15626497\00100 237049900374 0005786\0028



Dana Dutro

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File: 15626497

Client Name: T-MOBILE (TAF) DCIZ

Client #: 698487593

Current Balance: \$1,097.49

This notice will serve to inform you that your delinquent account has been referred for collections to Diversified Consultants, Inc. Payment in full is due. If you are unable to pay the account in full, please contact our office to discuss any payment option that may be available.

Unless you notify this office within 30 days of receiving this notice that you dispute the validity of this debt or any other portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

This is an attempt to collect a debt. Any and all information obtained will be used for that purpose. This communication is from a debt collector.

Sincerely,
Diversified Consultants, Inc.
800-771-5361
PO BOX 551268
JACKSONVILLE, FL 32255-1268

To pay by credit card, please complete the information below:

Detach and Return with Payment

Check One: ☐ VISA ☐ MasterCard ☐ AMEX ☐ Check

Card Number:

Expiration Date: CCV#: Last 3 digits on back of card

Signature of Cardholder: _____

Cardholder Name: _____

Cardholder Billing Address: _____

Amount Due: \$1,097.49

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Amount Paid:

\$

File: 15626497
Client Name: T-MOBILE (TAF) DCIZ
Client #: 698487593
Current Balance: \$1,097.49

DIVERSIFIED CONSULTANTS, INC.
PO BOX 551268
JACKSONVILLE, FL 32255-1268

